

	2.	Configure simulator for the following test (Level Known Value ≥ 0.25 AC: 0.300 A Sim. Ser #: MP 6035 Lot #: 202402C Exp. Date: 2 14 20 Known AC	1,C) AC
	3.	Configure dry gas standard for the remainin Known Value : 0.080 AC Gas Cylinder Lot #: 14323080A Cylinder #: 42 Exp. Date: 05125	
	4.	Interferent Check (Level 1,B) Known Value: <u>0.10</u> AC + 0.05% Ace Sim. Ser #: <u>DRT352</u> Lot #: <u>ICS %</u> Exp. Date: None Display reads "Interferent Detect"	tone
	5.	RFI Check (CMS Mode)	
	6.	$ \overrightarrow{\text{Dry Calibration Check (Level 1,C)} } $ $ \overrightarrow{\text{Test 1} 0.082}  \overrightarrow{\text{Test 4} 0.082} $ $ \overrightarrow{\text{Test 2} 0.082}  \overrightarrow{\text{Test 5} 0.083} $ $ \overrightarrow{\text{Test 3} 0.082}  \overrightarrow{\text{Test 6} 0.083} $ $ \overrightarrow{\text{Average} 0.083} $ $ \overrightarrow{\text{Results \pm 0.005 AC of known AC} $	Test 7 $0.082$ Test 8 $0.082$ Test 9 $0.082$
D.	Rema	arks/Maintenance: <u>NA</u>	
		s acceptable to be used in the field. Yes or No eason(s) why:	
If Yes		ge location code back to A.4 unless A.4 is TOXL	
Inspe	ctor Sig	gnature	Date
Revie		Postschuler	Date <u>17 May 2035</u> Date
	Intoxilyzer	8000 Annual Inspection	Document ID: 11698 Revisio

Laboratory Unit: Toxicology Unit - Breath Alcohol Section Approved By: Laboratory Director UNCONTROLLED WHEN PRINTED Uploaded 20May2025 Pa Document ID: 11698 Revision: 3 Status: Published Date Approved: 03/20/2025 Page 2 of 2 AEN

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CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-006667
Location = TOXL	8164.14.00 09/16
05/15/2025	09:08

abcdefghijklmnopqrstuvwxyz1234567890-= ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&\*()\_+?

abcdefghijklmnopqrstuvwxyz1234567890-=| ABCDEFGHIJKLMNOPQRSTUVWXYZ!@#\$%^&\*()\_+?

Current Instrument Setup	
Data Entry Mode:	Enabled
Start Test Sequence:	DABACABA
Display Prelim Rslt?	Yes
Display Third Digit?	Yes
Inhib Printer(Y/N)?	No
Display Volume?	No
Disable On Memfull?	Yes
# of Print Copies?	1
Select Std (D/W/I)?	Dry
Standard Value?	0.080
Standard Lot #?	14323080A1
Standard Cyl #?	64
Standard Expiration?	06/05/2025
Oper No?	133237
Flow Cal. Date:	05/22/2020
Slope	678
Intercept	-711846

IR Calibration Date: 05/22/2020 3um 9um Oth Coef(\*100): -22305 -20910 1st Coef(\*100): 281966 134470 2nd Coef(\*100): 1570 1173 H2O adj(mg/l\*10k): 336 351

Operator Signature ANNA NAREHOOD

Remarks:

Phnt Test

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006667Location = TOXL8164.14.00 09/1605/15/202509:09

WET	CAL CHECK		
Test	AC	Time	
01 Room Air	0.000	09:09	
02 Std. Sol.	0.022	09:10	
03 Room Air	0.000	09:10	
04 Std. Sol.	0.022	09:11	
05 Room Air	0.000	09:12	
06 Std. Sol.	0.021	09:12	
07 Room Air	0.000	09:13	
08 Sim Temp = 34.0°C			
Simul Ser No = MP5321 Std Sol No = $202311D$			
County = 08 Oper No. = 133237			
annel			
Operator Signature			

Operator Signature ANNA NAREHOOD

Remarks: LOW AL CHEVE - 0.020AC

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006667Location = TOXL8164.14.00 09/1605/15/202509:14

WE	T CAL CHECK		
Test	AC	Time	
01 Room Air 02 Std. Sol. 03 Room Air 04 Std. Sol. 05 Room Air 06 Std. Sol. 07 Room Air	0.000 0.296 0.000 0.297 0.000 0.299 0.000	09:14 09:15 09:16 09:17 09:17 09:18 09:18	
08 Sim Temp = 34.0°C			
Simul Ser No = MP6035 Std Sol No = 202402C County = 08 Oper No. = 133237			
Operator Signature			
ANNA NAREHOOD			

Remarks: High AE Chelk -0.300#

CMI, Inc. Intoxily North Dakota Model Location = TOXL 05/15/2025		Alcohol Analyze SN 80-00666 8164.14.00 09/1 09:2	57 16
Test	AC	Tin	ne
01 Room Air	0.00	00 09:2	20

01	ICOOM IIII		
02	*Subject Test	INT*	09:21
03	Room Air	0.000	09:22

\*Invalid Test Interferent Detected

Sub Name = TEST, DONOR2 NONE Sub DOB = 07/25/1998 Sub Sex = Male Weight = NA Test = OTH Cit = INTERFERENT CK Dr. Lic. = ND/TES989643 Lot No = 14323080A4 Cyl No = 42 Expiration Date = 06/05/2025 County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks: Interferent Cherr 0.10AC + 0.05% Acetone

NDOAG Crime Lab. Div., Bismarck, ND 58501 Alcohol Analyzer CMI, Inc. Intoxilyzer SN 80-006667 North Dakota Model 8000 Location = TOXL 8164.14.00 09/16 09:23 05/15/2025 Time AC Test OK 09:24 01 Diagnostic 09:24 02 Room Air 0.000 03 \*Subject Test 09:24 RFI\* 09:25 04 Room Air 0.000 \*Invalid Test Inhibited - RFI Sub Name = TEST, DONOR2 NONE Sub DOB = 07/25/1998Sub Sex = Male Weight = NA Test = OTHCit = RFI CHECK Dr. Lic. = ND/TES989643 Lot No = 14323080A4Cyl No = 42Expiration Date = 06/05/2025County = 08Oper No. = 133237

Intoxilyzer Test Record and Checklist

I followed the Approved Method and the instructions displayed by the Intoxilyzer in conducting this test.

Operator Signature ANNA NAREHOOD

Remarks:

RFI Cherk

CMI, Inc. Intoxilyzer	Alcohol Analyzer
North Dakota Model 8000	SN 80-006667
Location = TOXL	8164.14.00 09/16
05/15/2025	09:26

r

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	DRY CAL CHECK	
Test	AC	Time
01 Room Air	0.000	09:26
02 Std. Gas	0.082	09:26
03 Room Air	0.000	09:27
04 Std. Gas	0.082	09:27
05 Room Air	0.000	09:28
06 Std. Gas	0.082	09:28
07 Room Air	0.000	09:29

Lot No = 14323080A4 Cyl No = 42 Exp Date = 06/05/2025 County = 08 Oper No. = 133237

operator Signature ANNA NAREHOOD

Remarks:

Form 106-18000

COU CNUK #1-3

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006667Location = TOXL8164.14.00 09/1605/15/202509:29

	DRY CAL CHECK	
Test	AC	Time
01 Room Air	0.000	09:30
02 Std. Gas	0.082	09:30
03 Room Air	0.000	09:31
04 Std. Gas	0.082	09:31
05 Room Air	0.000	09:32
06 Std. Gas	0.082	09:32
07 Room Air	0.000	09:33

Lot No = 14323080A4 Cyl No = 42 Exp Date = 06/05/2025 County = 08 Oper No. = 133237

Operator Signature ANNA NAREHOOD

Remarks:

Cherk #4-6 an

CMI, Inc. IntoxilyzerAlcohol AnalyzerNorth Dakota Model 8000SN 80-006667Location = TOXL8164.14.00 09/1605/15/202509:33

DRY CAL	CHECK
Test	AC Time
01 Room Air	0.000 09:34
02 Std. Gas	0.082 09:34
03 Room Air	0.000 09:35
04 Std. Gas	0.082 09:35
05 Room Air	0.000 09:36
06 Std. Gas	0.082 09:36
07 Room Air	0.000 09:37
Lot No = $14323080A4$	
Cyl No = 42	
Exp Date = 06/05/2025	
County = 08	Oper No. = 133237

Operator Signature

Operator Signature ANNA NAREHOOD

Remarks:

Call Cherk #7-9

Form 106-18000